



**A STANDARD OPERATING PROCEDURE
for**

Employee Awareness - Bloodborne Pathogens

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U.S. General Services Administration
Safety and Environmental Management Team
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INTRODUCTION

This Standard Operating Procedure (SOP) has been developed for the purpose of providing safety precautions to all GSA employees who are potentially exposed blood or other infectious materials as a result of work assignments. The contents of this SOP was developed by use of the Occupational Safety and Health Administration (OSHA) standard, 29 CFR 1910.1030, Bloodborne Pathogens.

All GSA managers/supervisors have the responsibility for providing the necessary training and education to employees affected by the OSHA standard.

GSA is concerned with safe practices in the workplace and has included in this SOP guidance on the following: personal protective equipment, engineering controls, safe housekeeping practices, proper handling of sharps, proper cleanup and disposal of contaminated material and blood spills, labels and signs, employee training, recordkeeping, and information on GSA employees who may be required to receive Hepatitis B vaccine, post-exposure evaluation and follow-up.

GSA employees who act as "Good Samaritans" are not covered by this standard. However, GSA must provide follow-up medical evaluation when these employees are exposed while on duty.

Additional references may be obtained from the U.S. Department of Health and Human Services (Centers for Disease Control and Prevention, Center for Prevention Services, Center for Infectious Diseases), the National Institute for Occupational Safety and Health - Atlanta, GA 30333. OSHA standards may be obtained from the local OSHA Area Office or purchased from the Superintendent of Documents, Government Printing Office, Washington, DC 20402

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General Services Administration
Heartland Region
EMPLOYEE AWARENESS – BLOODBORNE PATHOGENS

1. **PURPOSE.** The purpose of this SOP is to establish procedures for the protection of GSA employees from to exposure to bloodborne pathogens in the workplace.

2. **SCOPE.** This SOP applies to all GSA employees who are assigned work where occupational exposure to bloodborne pathogens may occur. This SOP does not apply to persons who are not employed by GSA, such as contractor employees.

3. **REFERENCES.**

a. OSHA 29 CFR 1910.1030, Bloodborne Pathogens.

4. **GENERAL REQUIREMENTS.** Any GSA supervisor/manager who assigns his or her employees to perform any task where they may become occupationally exposed to blood or other infectious substances must provide a written Exposure Control Plan, developed by the regional OSH Program Office, in accordance with OSHA 29 CFR 1910.1030. Keep in mind that some employees may have the same job classification but perform different tasks. For this reason, the following requirements must be met before any GSA supervisor/manager assigns such tasks to those employees:

a. Employee(s) must be provided training on the Bloodborne Pathogens Standard (29 CFR 1910.1030) and this SOP.

b. Employee(s) must be provided training on the use and maintenance of PPE approved for protection against bloodborne pathogens.

c. Explain to the employee(s) the importance of Hepatitis B vaccine and when the vaccine must be administered. Also, inform the employee(s) that the vaccine will be made available at no cost to them.

5. **DEFINITIONS.**

a. **Bloodborne Pathogens (BBP).** Pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, Hepatitis B virus (HBV) and human Immunodeficiency Virus (HIV).

b. **Blood.** Human blood, human blood components, and products made from human blood.

c. Contaminated. The presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

d. Contaminated Sharps. Any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

e. Decontamination. The use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for normal handling, use, or disposal.

f. Engineering Controls. Controls that isolate or remove the bloodborne pathogens hazard from the workplace (e.g., sharps disposal containers, self-sheathing needles, etc.).

g. Exposure Control Plan. A plan developed to identify those tasks and procedures where occupational exposure to bloodborne pathogens may occur and to identify the positions whose duties include those tasks and procedures. The plan must detail the following elements which must be provided to occupationally exposed employees: training, personal protective equipment, vaccinations, and other benefits.

h. Exposure Incident. A specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

i. Handwashing Facilities. A facility providing an adequate supply of running potable water, soap, and single-use towels or hot air drying machines.

j. HBV. Hepatitis B virus.

k. HIV. Human Immunodeficiency Virus.

l. Licensed Healthcare Professional (LHP). A person whose legally-permitted scope of practice him or her to independently perform the activities required by the OSHA standard.

m. Occupational Exposure. The reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

n. Other Potentially Infectious Materials (OPIM).

(1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids;

(2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and

(3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

o. Parenteral. Piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.

p. Personal Protective Equipment (PPE). Specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) and **NOT** intended to function as protection against a hazard and **NOT** considered to be PPE.

q. Post Exposure Evaluation. Involves medical monitoring of the employee after being potentially exposed to bloodborne pathogens.

r. Regulated Waste. Liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

s. Universal Precautions. An approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

t. Work Practice Controls. Controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

6. RESPONSIBILITIES.

a. Regional OSH Program Offices.

(1) Develop and implement a regional Exposure Control Plan as required by the OSHA standard and this SOP

(2) Assist managers and supervisors in the training effort required by this SOP.

b. Managers/Supervisors.

(1) Supervisory personnel must ensure the required PPE is available when it is needed. Employees will **NOT** be tasked or allowed to perform work if the required PPE is not available, regardless of reason.

(2) Supervisory personnel will ensure the employees under their control are provided the training required by this SOP.

(3) Supervisory personnel will ensure employees who experience an Exposure Incident are provided prompt medical care (i.e., vaccinations, post-exposure evaluation and follow-up).

7. HIV and HBV. The human Immunodeficiency Virus (HBV) is the virus that causes AIDS. However, epidemiologic evidence implies that HIV is not transmitted by casual contact. Although the potential for Hepatitis B virus (HBV) transmission in the workplace is greater than for HIV, the modes of transmission for these two viruses are **only** by needle-sticks, cuts with sharp objects, blood contamination of mucous membranes or non-intact skin, and parenteral exposure. **Blood is the single most important source of HIV and HBV in the workplace setting.**

8. WORK PRACTICES. GSA employees trained to perform job assignments in work areas where there is a potential for occupational exposure should be reminded of the following:

a. Wear approved PPE.

b. After removal of gloves or other PPE, wash hands immediately or as soon as feasible after cleanup of any bloodborne pathogens.

c. Use approved antiseptic wipes/cleanser in situations where there are no handwashing facilities available within a reasonable distance. However, employees must wash their hands with soap and water as soon as possible after coming in contact

with bloodborne pathogens. There is no requirement for handwashing upon leaving the work area unless contact with blood or OPIM has occurred or gloves/PPE have been removed.

d. Employees must not eat, drink, smoke, apply cosmetics or lipstick/balm, or handle contact lenses while in the areas where occupational exposure exists.

9. PERSONAL PROTECTIVE EQUIPMENT.

a. The GSA manager/supervisor is required to provide, at no cost to the employee, the necessary PPE to employees likely to be exposed to bloodborne pathogens. Employees must wear or use approved PPE whenever performing job tasks where potential exposure exists. The regional OSH Program Office will assist in determining the appropriate PPE to be issued.

b. The person designated to issue PPE must be trained to inspect the equipment to ensure that it does not permit blood or other potentially infectious materials to pass through or reach the employees' clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the length of time the PPE will be used. The employee must be trained to reinspect PPE prior to use.

c. Questions have been raised on whether PPE should be issued to those GSA employees being tasked to clean and empty disposal receptacles containing sanitary napkins in the ladies restroom. In accordance with the OSHA Bloodborne Pathogens standard, in a non-healthcare facility OSHA does not consider discarded sanitary napkins, used to absorb menstrual flow, to fall into the category of Regulated Waste. It is anticipated that these products are discarded properly into waste containers that are lined with a plastic or wax paper bag. Once appropriately secured, bags should protect the employee from physical contact with the contents.

d. In the event a GSA manager/supervisor reasonably anticipates an employee may have hand contact with blood or other infectious materials (e.g., vomit, bloody towels or other materials, sneeze mucous in paper towels, etc.) gloves will be issued and must be worn.

e. If a GSA manager/supervisor anticipates the employee may be exposed to splashes, spray, or spatter of blood droplets or other potentially infectious materials and cause eye, nose, or mouth contamination, appropriate eye protection of face shield must be issued and worn.

f. All GSA managers/supervisors must ensure employees are trained on how to care for, decontaminate, and remove PPE. When PPE is issued to the employee, the supervisor must keep records on the following:

- (1) Name of the employee to whom the PPE was issued,
- (2) Type of PPE issued,
- (3) Purpose for which the PPE was issued,
- (4) The task to which the individual was assigned which necessitated issuance of the PPE,
- (5) The date on which the PPE was issued.

g. When the employees have completed the assignments and the PPE has been removed, it is important to inform the employees where the PPE is to be stored or where/how it should be disposed. Consult the regional OSH Program Office for guidance.

10. ENGINEERING CONTROLS.

a. Handwashing.

(1) Hands and other skin surfaces should be washed immediately and thoroughly if contaminated with blood, other body fluids, or potentially contaminated articles to which universal precautions apply, even if antiseptic wipes or cleanser were used.

(2) The hands should always be washed after gloves are removed, even if the gloves appear to be intact.

(3) Handwashing should be done in the appropriate facilities, such as utility or restroom sinks. When handwashing facilities are not available, a waterless antiseptic hand cleanser must be provided for use. Employees must wash hands as soon as feasible even though an alternate method was used. Be sure to follow the manufacturer's recommendations when using an antiseptic hand cleanser.

(4) Where handwashing facilities are available, wash hands with warm water and soap.

b. All GSA employees tasked to perform duties involving coming in contact with blood or OPIM must use the appropriate PPE.

c. The employee must not be issued any type of PPE unless he/she has been trained in its use.

d. In the event an employee should have any scratches, cuts, bruises, or abrasions to the skin, they must inform their supervisor before beginning to perform their duties. The supervisor must ensure the employee(s) wear bandages and approved PPE before performing the tasks.

e. If feasible, work areas where employees are potentially exposed to blood and OPIM must contain a sink for washing hands and a readily available eyewash facility.

11. SAFE HOUSEKEEPING PRACTICES. After all workplaces where the potential for contamination is present have been identified by the manager/supervisor, the following shall apply:

a. The manager/supervisor must provide a cleaning protocol or SOP for employees tasked to clean areas that have been or may be contaminated with blood or OPIM. The protocol must be in detail explaining appropriate methods of decontamination of equipment and/or material used and tasks or procedures to be completed. The protocol must be reviewed by the regional OSH Program Office.

b. Managers/supervisors must instruct employees on the disinfectant to use prior to decontamination of any work area where there has been a spill of blood or OPIM.

c. The use of latex gloves or hypoallergenic gloves for the purpose of emptying receptacles containing improperly disposed sanitary napkins and to clean blood spills is recommended.

d. If disposable gloves are not available, rubber cleaning gloves may be used. If used, they must be decontaminated with a 10 percent solution of sodium hypochlorite (household bleach) before they can be used on other surfaces. Cloth work gloves are **prohibited** for use in the cleanup of blood or OPIM body fluids.

e. Employees must never use their bare hands to sort through trash.

12. PROPER HANDLING OF SHARPS. Whenever there is broken glass that may be contaminated the following procedures should be used:

a. Employees must never use their hands to pick up broken glass even if gloves are worn. It is appropriate to use a brush or broom and dust pan to remove the broken glass.

b. After sharps have been cleaned up they should be discarded by placing them in an approved container located at the facility. The container must be closable, leakproof, puncture resistant, and labeled and color coded.

c. The container where contaminated sharps are placed must be labeled as described in 29 CFR 1910.1030.

d. If the container cannot be sealed to prevent leakage, it must be placed in another container.

13. PROPER CLEANUP AND DISPOSAL OF CONTAMINATED MATERIAL AND BLOOD SPILLS.

a. All spills must be immediately contained and clean **ONLY** by trained employees or other trained professionals who are qualified to work with potentially infectious materials. Refer to the OSHA standard and/or consult with the regional OSH Program Office for guidance.

b. If the spill should result in an exposure incident it shall be reported immediately to the responsible GSA manager/supervisor. Employees who are exposed must receive post-exposure evaluation and follow-up.

c. To decontaminate contaminated work areas, machinery, or sinks and/or bathroom fixtures, a 10 percent solution of sodium hypochlorite (household bleach) is an approved disinfectant. However, bleach is not the only kind of approved disinfectant. Other disinfectants may be required depending upon circumstances. Consult the regional OSH Program Office or OSHA for guidance regarding other types of disinfectants and how they are to be used.

14. LABELS AND SIGNS.

a. Labels and signs are used to identify the hazard. For instance; florescent orange or orange-red warning labels must be attached to regulated waste containers, blood containers, and other potentially infectious materials (including refrigerators and freezers used to store any of the above).

b. GSA employees must not be permitted to perform work tasks where regulated waste is housed unless they have received training on the Bloodborne Pathogens standard.

c. The GSA manager/supervisor must ensure biohazard signs are posted at the entrance to medical labs, clinics, and Public Health Units. The name of the infectious agent; requirements for

entering the area; and name and telephone number(s) of the responsible person(s) must be provided.

15. **EMPLOYEE TRAINING**. All GSA employees assigned to perform work in areas where they may be potentially exposed to blood and OPIM must receive training on the Bloodborne Pathogens standard. This includes employees who respond to emergencies to administer CPR or first aid. The person(s) conducting the training must be knowledgeable in the subject matter regarding all elements covered in this SOP and the Bloodborne Pathogens standard. Training must be provided as follows:

- a. Before initial assignment.
- b. Training must be provided during working hours.
- c. Annual refresher training must be provided.
- d. Additional training shall be provided when:
 - (1) Tasks or procedures are changed or modified.
 - (2) New tasks or procedures are implemented affecting employee exposure.
- e. Training materials such as a copy of the Bloodborne Pathogens standard, written procedures, videos, and other materials will be used. The written materials must be presented so that all employees can understand it.
- f. Definitions must be provided in the training package.
- g. GSA managers/supervisors must explain to employees the Exposure Control Plan and make it available to them.
- h. Employees must be instructed in how to recognize tasks that may present potential exposure.
- i. Employees must be informed regarding the modes of transmission of bloodborne pathogens.
- j. Employees must be instructed in how to prevent or reduce potential exposure.
- k. Proper care, use, decontamination, and disposal of PPE.
- l. Detailed information on the Hepatitis B vaccine.
- m. Person to contact in an emergency.

n. Procedures the employee must follow if an exposure incident occurs.

o. Explain the post-exposure evaluation and follow-up to employees.

p. Explain signs, labels, and color coding required by the standard.

q. Allow employees to ask questions of the person conducting the training.

r. Prepare training records to include pertinent information on each trained GSA employee, manager, or supervisor.

s. Maintain training records for 3 years from the date on which the training occurred.

16. RECORDKEEPING OF EXPOSURE INCIDENTS.

a. In the event that a GSA employee is exposed to bloodborne pathogens, the incident must be reported in accordance with the standard (29 CFR 1910.1030).

b. Per 29 CFR 1910.1030, the employee's medical records are confidential. If the Assistant Secretary (OSHA) or the Director (NIOSH) should request records on any employee receiving occupational exposure, the records shall be released without requiring consent of the employee.

c. The record shall be maintained during the length of the employee's employment **plus** and additional 30 years. The information contained in the record should include:

(1) Employee's name and social security number.

(2) Date the employee receive vaccination(s) for Hepatitis B.

(3) A copy of the medical examinations including results of tests, physician's written professional opinion, and whether or not a follow-up is required.

(4) The date the post-exposure evaluation should be given, if necessary.

(5) The employee's duties at the time of the exposure incident.

(6) The location where the employee was exposed.

(7) The date the employee was exposed.

(8) How the employee was exposed; explain in detail.

17. HEPATITIS B VACCINE.

a. The Hepatitis B vaccine, as well as a post-exposure evaluation and follow-up, is provided at no cost to the employees who are occupationally exposed to bloodborne pathogens in the workplace.

b. The medical service must be performed by or under a licensed physician or another licensed health care professional who is authorized to administer the vaccination. Individuals required to receive this vaccine will be identified by the manager/supervisor in consultation with an occupational health physician or a licensed health care professional. Vaccine will be administered as outlined in 29 CFR 1910.1030.

c. If the employee elects not to take the vaccine, the GSA manager/supervisor must ask the employee to sign a written statement to that effect. A copy of the statement must be filed with the employee's medical record. A suggestion on how the statement should read is shown in [Figure 1](#), below.

I HAVE BEEN GIVEN AN OPPORTUNITY TO RECEIVE THE HEPATITIS B VACCINE AND THE VACCINATION SERIES DUE TO MY OCCUPATIONAL EXPOSURE TO BLOOD AND OTHER POTENTIALLY INFECTIOUS MATERIALS. HOWEVER, I DO NOT CHOOSE TO TAKE IT AT THIS TIME. IF, AT SOME FUTURE TIME, I CONTINUE TO BE EXPOSED TO SUCH OR, FOR SOME OTHER REASON, CHANGE MY MIND, I AM AWARE THAT I CAN RECEIVE THE HEPATITIS B VACCINE AND THE VACCINATION SERIES UPON REQUEST AT NO COST TO MYSELF.

EMPLOYEE'S NAME:	DATE:
EMPLOYEE'S SIGNATURE:	DATE:

Figure 1: Hepatitis B Declination Statement for Employee

18. **SPECIAL PRECAUTIONS: FEDERAL PROTECTIVE OFFICERS.**

a. Federal Protective Officers (FPOs) must be particularly cautious during routine interrogations, arrests, and lock-up. In addition to exposure routes already mentioned, officers should be aware that cuts, bites, and injuries sustained during altercations, assaults, and arrests may provide potential exposure to bloodborne pathogens.

b. The officers must take extreme caution when blood is present and must wear proper PPE, if at all possible. It is recommended that the officers involved in such assignments keep a change of clothes and a waterless antiseptic handwipes/cleanser readily available at all times.

c. For those officers responding to other emergencies (CPR, first aid), appropriate PPE and training on its use must be provided.

d. Whenever the officers have to conduct searches or handle evidence, the following precautionary measures must be taken:

(1) Use great caution when searching the suspect's clothing.

(2) Wear protective gloves if you anticipate potential exposure to bloodborne pathogens.

(3) Wear protective gloves during body cavity searches.

(4) When the officer has to wear cotton gloves to collect evidence or potential fingerprints, these cotton gloves must be worn over disposable latex gloves if blood or OPIM is present.

(5) Use a flashlight during daytime shifts to search hidden areas. If possible, use long-handled mirrors with the flashlight.

(6) When searching a purse, carefully turn it upside down and empty contents over a table or any surface compatible for such use.

(7) Use caution when searching suspect's pockets.

(8) Use caution to ensure protective gloves are not torn when handling evidence.